

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

11/661219

FILING DATE

2-26-07

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5		1				
6	1					
7		1				
8						
9						
10		1				
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49						
50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	8	←	←		←	
TOTAL CLAIMS	10					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	←		←	
TOTAL CLAIMS						